



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**UNION SQUARE GROUP, INC.
PRECINCT
70 UNION SQUARE
SOMERVILLE, MA 02143**

License #: **1005**

Fee: **150.00**

Account ID: **715**

Reference #: **1005**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For PRECINCT Business Location: 66 UNION SQUARE PLAZA 00G01 Business Phone: (617)571-9958	
License Holder: UNION SQUARE GROUP, INC. PRECINCT 70 UNION SQUARE SOMERVILLE, MA 02143 (617)571-9958	
Mailing Address: UNION SQUARE GROUP, INC. 70 UNION SQUARE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KENNETH KELLY SECRETARY - KENNETH KELLY	
FID: 431983824	
Food Manager/Emergency Contact: KENNETH KELLY	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

**48 SEATS
18 TABLES**

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Kenneth Kelly* Date: 12/21/12
Print Name: Kenneth Kelly Phone: 617 571 9958

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. **Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured.** Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Precinct
Somerville Address and Zip Code: 70 Union Square Somerville, MA 02143
Phone Number of the Business: 617-623-9211

The Legal Name of the License Holder: Union Square Group Inc
Street Address of the License Holder: 73 Union Square
City, State and Zip Code of the License Holder: Somerville, MA 02143
Phone Number of the License Holder: 617 571 9958

Where We Should Send Mail: Name: Precinct
Street Address: 73 Union Square
City, State and Zip Code: Somerville, MA 02143

Federal ID # (Do Not Give a Social Security #): 431983824

Emergency Contact and his/her Phone Number: Ken Kelly 617 571 9958

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ Corporation: Name of Corporation: Union Square Group LLC

Name of President: Kennell Kelly

Name of Secretary: Kennell Kelly Name of Treasurer: Kennell Kelly

LLC: Name of LLC: _____

Names of All Managers: _____

Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Kennell Kelly

Date 12/21/12

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/26/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Malcolm & Parsons Ins. Agcy. Inc. 6 Freeman St. P.O. Box 527 Stoughton, MA 02072	CONTACT NAME:	PHONE (A/C, No, Ext): 781.344.3200	FAX (A/C, No): 781.344.1425
	E-MAIL ADDRESS:		
INSURED Union Square Group, Inc. DBA: Precinct 66-70 Union Square Unit G1 & G2 Somerville, MA 02143-3032	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hospitality Mutual		
	INSURER B: Associated Employers Insurance		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER: Master 8/28/12****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		00044560GL	08/06/2012	08/06/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCC5006437012012	08/20/2012	08/20/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		00044562LL	08/06/2012	08/06/2013	\$1,000,000 Per Person \$1,000,000 Per Occurrence \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Restaurant

City of Somerville is listed as Additional Insured with respect to General Liability for the outside patio.

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville 93 Highland Avenue Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Anne Parsons

© 1988-2010 ACORD CORPORATION. All rights reserved.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Union Square Group Inc
2. Address of taxpayer/applicant's business in Somerville: 70 Union Sq
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617 571 9958 evening: _____

I, Lenny Lee, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 26 day of November, 2012. Lenny Lee
(Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
09000064 # 123083011 # 30056801 # _____
15008 1260

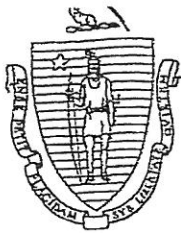
NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED
11-29-12



Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Please Print Legibly

Applicant Information

Business/Organization Name: Union Square Group d/b/a Personnel

Address: 73 Union Sq

City/State/Zip: Somerville MA 02143 Phone #: 617 571-9958

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with 4 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Associated Employers Insurance Co

Insurer's Address: c/o Malcolm + Parsons Insurance

City/State/Zip: 6 Freeman St, Stoughton, MA 02072

Policy # or Self-ins. Lic. # WCC50064370120512 Expiration Date: 8/20/12

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature]

Date: 12/22/12

Phone #: 617 571-9958

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____